

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	DATE	ID NO.	DATE
FEE DETERMINATION	11/12	32	5/8
O.I.P.E. CLASSIFIER	11/12	572	05-24-01
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	11/12
2	11/12
3	11/12
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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